



State of Connecticut
Department of Banking
Consumer Credit Division
260 Constitution Plaza, Hartford, CT 06103



REQUEST FOR CHANGE OF SUPERVISOR IN CHARGE
First/Secondary Mortgage Lender/Broker

Form may be used to add or delete the supervisor in charge.

Instructions:

1. Please provide **full given name, full residential address and date of birth** of person with supervisory authority over lending or brokerage activities at the office to be licensed. First initials and P.O. Box addresses are not acceptable. If changing a supervisor in charge, a **Work Experience Form** must be completed. Be advised the person being listed is required to have a physical presence at the office location. In addition, the person must have at least three years of the last five years experience in the mortgage lending or mortgage brokerage business.
2. The person with supervisory authority over lending or brokerage activities for the location to be licensed should be registered as a loan originator, if that person is originating mortgage loans in any capacity. Please complete and return the **Application for Registration of Loan Originators** form with appropriate fees or provide an explanation.
3. Any questions, please contact Justyna Kordowska 860-240-8275 or via e-mail at justyna.kordowska@ct.gov.

Company Name _____ License Number(s) _____
DBA Name (if applicable) _____

CURRENT SUPERVISOR IN CHARGE

Name _____
Title _____
Street Address (residential) _____
City, State, Zip Code _____
Date of Birth _____

PROPOSED SUPERVISOR IN CHARGE

Name _____
Title _____
Street Address (residential) _____
City, State, Zip Code _____
Date of Birth _____

Name of person completing this form _____ Date: _____

Telephone # _____ E-mail Address _____



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WORK EXPERIENCE FORM

ATTACHMENT FOR QUESTION 8A:
CHRONOLOGICAL LISTING OF WORK EXPERIENCE IN THE PAST FIVE YEARS

INSTRUCTIONS: Type or print answers to **ALL** questions. Please sign and date the form.

***You must fill out this application completely even if a resume is being attached.**

CURRENT EMPLOYER/ COMPANY NAME		LICENSE NO.	
NAME (Last) & SUFFIX (SR, JR., etc.)	(First)	(MI)	Date of Birth ____ / ____ / ____
RESIDENTIAL ADDRESS (Number and Street)			
CITY		STATE	ZIP CODE (Last 4 digits are optional)
E-mail Address:	Registered as a Loan Originator in Connecticut? Yes No If Yes, Registration Number:		

INSTRUCTIONS

Beginning with your **PRESENT OR MOST RECENT** employment and **working backwards**, list all positions held **which are necessary for determining your eligibility for supervisory authority**. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, **using the same format**. Continue the number sequence for additional jobs listed.

Official Job title (Start with most recent job)		Company Name		CT License # (if applicable)	
Title of Immediate Supervisor		Business Address		Business Phone No.	
Employed From: ____ / ____ / ____ (Mo.) (Day) (Yr.)	Employed To: ____ / ____ / ____ (Mo.) (Day) (Yr.)	Total Mos.)	(Yrs.		
DETAILED DESCRIPTION OF DUTIES (must be listed)					

Official Job title (Start with most recent job)			Company Name		CT License # (if applicable)	
Title of Immediate Supervisor			Business Address		Business Phone No.	
Employed From: ____ / ____ / ____ (Mo.) (Day) (Yr.)		Employed To: ____ / ____ / ____ (Mo.) (Day) (Yr.)		Total (Yrs. Mos.)		
DETAILED DESCRIPTION OF DUTIES (must be listed)						

Official Job title (Start with most recent job)			Company Name		CT License # (if applicable)	
Title of Immediate Supervisor			Business Address		Business Phone No.	
Employed From: ____ / ____ / ____ (Mo.) (Day) (Yr.)		Employed To: ____ / ____ / ____ (Mo.) (Day) (Yr.)		Total (Yrs. Mos.)		
DETAILED DESCRIPTION OF DUTIES (must be listed)						

Official Job title (Start with most recent job)			Company Name		CT License # (if applicable)	
Title of Immediate Supervisor			Business Address		Business Phone No.	
Employed From: ____ / ____ / ____ (Mo.) (Day) (Yr.)		Employed To: ____ / ____ / ____ (Mo.) (Day) (Yr.)		Total (Yrs. Mos.)		
DETAILED DESCRIPTION OF DUTIES (must be listed)						

CERTIFICATION: I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith.

SIGNED: _____
DATED: _____



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NEW APPLICATION
FOR REGISTRATION OF LOAN ORIGINATORS

Sections 36a-485(8) and 36a-510(5) of the Connecticut General Statutes define "originator" to mean an individual who is employed or retained by a First or Secondary Mortgage Lender or Broker, for, or with the expectation of, a fee, commission or other valuable consideration, to negotiate, solicit, arrange or find a first or second mortgage loan. "Originator" does not include an officer, if the licensee is a corporation; a general partner, if the licensee is a partnership; a member, if the licensee is a limited liability company; or a sole proprietor, if the licensee is a sole proprietorship.

***A loan originator may only work on behalf of one Licensee at a time. If a Licensee holds a first/second mortgage license issued by this Department, it need only register an originator once with the first mortgage license. DO NOT SUBMIT DOUBLE FEES FOR BOTH FIRST/SECOND MORTGAGE LICENSEES. Registration authorizes an originator to work under both mortgage licenses held by the Licensee.**

Must be paid by the **COMPANY'S CHECK FOR TOTAL AMOUNT**

May check payable to: **Treasurer, State of Connecticut**
(NON-REFUNDABLE AND NON-TRANSFERRABLE)

p \$50 fee for new loan originator registrations only
will be issued immediately and will expire 9/30/06.
A separate renewal application will be mailed to you
on or about July 31st. This application will need to
be completed and a new fee will be imposed at that time.
\$50 X _____ (# of Originators) = \$_____

p \$100 fee for new loan originator registrations will be
approved 10/1/06 and will expire 9/30/08.
\$100 X _____ (# of Originators) = \$_____

This form may also be downloaded on our website @ www.ct.gov/dob. If you have any questions pertaining to loan originators, please call **Maria Burgos @ 860-240-8211** or via email maria.burgos@ct.gov.

For questions pertaining to this application, please provide the following contact information:

Contact Name: _____ **Direct telephone #** _____ **Fax #** _____

E-mail address: _____

This form must be completed by the licensed entity or prospective licensee:

1. _____
Company Name
2. _____
DBA Name (If applicable)
3. _____
Company Street Address City State Zip Code
4. 1st CT Mortgage License # _____ 2nd CT Mortgage License # _____
(If applicable) (If applicable)
5. F.E.I.N. Number _____ 6. If Sole Proprietor, Social Security # _____

Note: This application may only be signed by a principal officer, owner, member or partner. **LOAN ORIGINATORS CANNOT SIGN THIS FORM**

I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application.

STATE OF _____

By: _____

COUNTY OF _____

Signature

On this _____ **day of** _____, 20 _____

Personally Appeared: _____

(Name and Title of person signing and appearing before the notary)

to me known, and known by me to be the signer of the foregoing instrument, who duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

(Notary Public) or (Commissioner of the Superior Court)

My Commission Expires

COMPANY NAME: _____ **LICENSE #** _____

Please provide the information requested below for each individual applying for registration as a loan originator. Be sure to provide residential addresses for each individual. If necessary, make additional copies of this page. NO OTHER FORMAT OF THIS FORM IS ACCEPTABLE. **(PLEASE PRINT LEGIBLY OR TYPE)**

(CHECK ONE)

1. ☐ Mr. ☐ Mrs. ☐ Ms. _____
(Full First Name) (MI) (Last Name)

(Number & Street) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Date Hired As Loan Originator: ____/____/____
Month Day Year Month Day Year

2. ☐ Mr. ☐ Mrs. ☐ Ms. _____
(Full First Name) (MI) (Last Name)

(Number & Street) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Date Hired As Loan Originator: ____/____/____
Month Day Year Month Day Year

3. ☐ Mr. ☐ Mrs. ☐ Ms. _____
(Full First Name) (MI) (Last Name)

(Number & Street) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Date Hired As Loan Originator: ____/____/____
Month Day Year Month Day Year

4. ☐ Mr. ☐ Mrs. ☐ Ms. _____
(Full First Name) (MI) (Last Name)

(Number & Street) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Date Hired As Loan Originator: ____/____/____
Month Day Year Month Day Year

5. ☐ Mr. ☐ Mrs. ☐ Ms. _____
(Full First Name) (MI) (Last Name)

(Number & Street) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Date Hired As Loan Originator: ____/____/____
Month Day Year Month Day Year

6. ☐ Mr. ☐ Mrs. ☐ Ms. _____
(Full First Name) (MI) (Last Name)

(Number & Street) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Date Hired As Loan Originator: ____/____/____
Month Day Year Month Day Year



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NEW APPLICATION ADDENDUM
REGISTRATION OF LOAN ORIGINATORS

(Must be completed and signed by all applicants applying for a loan originator registration)

LOAN ORIGINATOR NAME _____

Please print full given name legibly

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever been convicted in any state or federal court of any crime (not including motor vehicle traffic misdemeanors)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been the subject of actions (cease and desist orders, consent orders, injunctions, license suspensions or revocations, etc.) before any regulatory agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been refused any license (except motor vehicle operator) by the Department of Banking or any other governmental agency or had withdrawn such an application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been a defendant in any litigation of any type (including suits under the State or Federal Truth in Lending Act) filed against the originator, in connection with the granting or arranging of mortgage loans? | <input type="checkbox"/> | <input type="checkbox"/> |

If any question(s) are answered "YES," please respond to the below questions and provide any legal documentation, if applicable. (Please provide an attachment if additional space is required)

Name and seriousness of event:

Date of event:

Location where event occurred (city, county, state):

Age at time of event:

Number of times this same type of event occurred:

Indictment date if any:

Conviction date if any:

Place of indictment/conviction (city, county, state):

Terms of sentence:

Fines imposed:

Terms of probation:

Current status of sentence/fines/probation:

Under the penalty of perjury, I hereby certify that all of the foregoing representations and information are true and correct to the best of my knowledge. I understand that false statements and/or material misrepresentations may result in a revocation of my registration or other disciplinary action.

LOAN ORIGINATOR SIGNATURE

DATE